

DEC 27 2005

K 053 447

510(k) Summary

ArthroCare Corporation
ArthroCare® PercD™ SpineWand™

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General Information

Submitter Name/Address: ArthroCare Corporation
680 Vaqueros Avenue
Sunnyvale, CA 94085-2936

Establishment Registration Number: 2951580

Contact Person: Valerie Defiesta-Ng
Director, Regulatory Affairs

Date Prepared: December 9, 2005

Device Description

Trade Name: ArthroCare® PercD™ SpineWand™

Generic/Common Name: Electrosurgical Device and Accessories

Classification Name: Electrosurgical Cutting and Coagulation
Device and Accessories (21 CFR
878.4400)

Predicate Devices

ArthroCare PercD SpineWand K030954

Product Description

The Wands are bipolar, single use, high frequency electrosurgical devices.

Intended Use

The Perc-D™ SpineWand™ is indicated for ablation, coagulation, and decompression of disc material to treat symptomatic patients with contained herniated discs.

Substantial Equivalence

This Special 510(k) proposes modifications in materials for the ArthroCare PercD SpineWand, which were previously cleared under K030954 on April 16, 2003. The indications for use, technology, principle of operation, performance specifications, packaging, and sterilization parameters of the SpineWands remain the same as in the predicate cleared 510(k).

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Summary of Safety and Effectiveness

The modified SpineWands, as described in this submission, are substantially equivalent to the predicate SpineWands. The proposed modification in materials are not substantial changes or modifications, and do not significantly affect the safety or efficacy of the devices.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

DEC 27 2005

Ms. Valerie Defiesta-Ng
Director, Regulatory Affairs
ArthoCare Corporation
680 Vaqueros Avenue
Sunnyvale, California 94085-3523

Re: K053447

Trade/Device Name: ArthoCare® PercD™ SpineWand™

Regulation Number: 21 CFR 878.4400

Regulation Name: Electrosurgical cutting and

Coagulation device and accessories.

Regulatory Class: II

Product Code: GEI

Dated: December 9, 2005

Received: December 9, 2005

Dear Ms. Defiesta-Ng:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,



Barbara Melkerson
fN

Mark N. Melkerson
Acting Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use Statement

510(k) Number: K 053447

Device Name: ArthroCare® Perc-D™ SpineWand™

Indications for use:

The Perc-D™ SpineWand™ is indicated for ablation, coagulation, and decompression of disc material to treat symptomatic patients with contained herniated discs.

Prescription Use (Part 21 CFR 801 Subpart D)	X	AND/OR	Over-the-Counter Use (21 CFR 807 Subpart C)
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(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Failure Precluded for NXM
(Division Sign-Off)
**Division of General, Restorative,
and Neurological Devices**

510(k) Number K053447